



NUCLEAR FUEL SERVICES, INC.

a subsidiary of The Babcock & Wilcox Company

■ 1205 banner hill road ■ erwin, tn 37650 ■ phone 423.743.9141
■ www.nuclearfuelservices.com

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

21G-12-0140
GOV-05-01-01
ACF-12-0192

July 12, 2012

Mr. Patrick Cromer
Enforcement and Compliance Section
Tennessee Department of Environment and Conservation
Division of Water Pollution Control
6th Floor, L&C Annex, 401 Church Street
Nashville, TN 37243-1534

References: 1) Nuclear Fuel Services, Inc. (NFS) NPDES Permit No. TN0002038
2) Letter from Stephanie Fisher to permittee, received on 10-27-08

Dear Mr. Cromer:

As required by Part I, D.1 of NPDES Permit #TN0002038, we hereby submit the original and a copy of the Monthly Discharge Monitoring Report (DMR), EPA Form 3320-1, for June 2012, as Attachment I.

Laboratory analyses for required permit parameters were performed on twelve (12) Waste Water Treatment Facility (WWTF) batches discharged during this reporting period. All values were indicated by these analyses to be within their respective permit conditions.

If you or your staff have any questions, require additional information, or wish to discuss this, please contact me, or Ms. Joyce Griffith, Environmental Scientist, at (423) 735-5584. Please reference our unique document identification number (21G-12-0140) in any correspondence concerning this letter.

Sincerely,

NUCLEAR FUEL SERVICES, INC.

B. Marie Moore, Manager
Environmental Protection & Industrial Safety

CAH/rrm
Attachment (I): June 2012 DMR

B.M. Moore to Mr. Patrick Cromer
July 12, 2012

21G-12-0140
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Attachment I

June 2012 DMR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: Nuclear Fuel Services
ADDRESS: P.O. Box 337
Erwin, TN 37650
FACILITY: Nuclear Fuel Services
LOCATION: 1205 Banner Hill Road
Erwin, TN 37650
Attn: Ms. B. Marie Moore

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 37650
MAJOR (SUBR 06) EMH
TREATED PROCESS WASTEWATER
External Outfall

PERMIT NUMBER	001 G
DISCHARGE NUMBER	
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 06/01/12	TO 06/30/12

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
71900 1 0 EFFLUENT GROSS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00022	mg/L	0	12	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY MX	mg/L	0	Once per Batch	GRAB
71900 2 0 EFFLUENT NET	SAMPLE MEASUREMENT	*****	*****	*****	< 0.0001	*****	mg/L	0	12	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	0.00037 MO AVG	*****	mg/L	0	Once per Batch	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER B. Marie Moore, Manager Environmental Protection & Industrial Safety	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		423 743-9141	7/12/2012
COMMENTS AND EXPLANATION OF ANY VIOLATIONS		NUMBER		

The chronic mercury limit shall apply only if the discharge of batches containing mercury occur four (4) or more consecutive days/week during the monitoring period; otherwise, only the daily maximum limit for batches containing mercury shall apply. If any individual analytical test result for mercury is less than the minimum qualification level (0.0002 mg/l), then a value of zero (0) may be used for the DMR calculations and reporting requirements. June 2012 did not have 4 consecutive days of discharge. THE TRC LIMIT IS ONLY APPLICABLE WHEN CHLORINE IS USED IN THE TREATMENT PROCESS.

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Attn: Ms. B. Marie Moore

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER	TN0002038
DISCHARGE NUMBER	001 G

FROM	MM/DD/YY	TO	MM/DD/YY
	06/01/12		06/30/12

DMR Mailing ZIP CODE: 37650
MAJOR (SUBR 06) EMH
TREATED PROCESS WASTEWATER

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	UNITS	VALUE	VALUE	VALUE						
OXYGEN DEMAND, CHEM. (HIGH LEVEL) (COD)	*****	*****	*****	*****	*****	*****	mg/L	0	12	12	GRAB
00340 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	*****	mg/L		Monthly		GRAB
pH	*****	*****	*****	*****	*****	*****	mg/L	0	12	12	GRAB
00400 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	*****	SU		Once per Batch		GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	*****	mg/L	0	12	12	GRAB
00530 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	*****	mg/L		Once per Batch		GRAB
SOLIDS, SETTLEABLE	*****	*****	*****	*****	*****	*****	mg/L	0	12	12	GRAB
00545 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	*****	mL/L	0	12	12	GRAB
NITROGEN, AMMONIA TOTAL (as N)	*****	*****	*****	*****	*****	*****	mL/L		Once per Batch		GRAB
00610 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	*****	mg/L	0	12	12	GRAB
NITRITE PLUS NITRATE TOTAL 1 DET. (as N)	*****	*****	*****	*****	*****	*****	mg/L		Once per Batch		GRAB
00630 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	*****	*****	0	12	12	GRAB
FLUORIDE, TOTAL (as F)	*****	*****	*****	*****	*****	*****	mg/L	0	12	12	GRAB
00951 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	*****	mg/L	0	12	12	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER ON	TELEPHONE	DATE
B. Marie Moore, Manager Environmental Protection & Industrial Safety		423-743-9141	07/12/2012
TYPED OR PRINTED	AUTHORIZED AGENT	AREA CODE	NUMBER
		MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MON AVG ONLY APPLIES IF MERCURY IS OCCURS FOUR OR MORE DAYS A WEEK. IF ANY INDIVIDUAL ANALYTICAL TEST RESULT FOR MERCURY IS LESS THAN THE MIN (0.0002 MGL) A VALUE OF ZERO MAY BE USED. THE TRC LIMIT IS ONLY APPLICABLE WHEN CHLORINE IS USED IN THE TREATMENT PROCESS.

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DISCHARGE MONITORING REPORT (DMR)

TN0002038
PERMIT NUMBER001 G
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 37650

MAJOR

(SUBR 06) EMH

TREATED PROCESS WASTEWATER

External Outfall

No Discharge

MONITORING PERIOD
MM/DD/YYYY TO
06/01/12 06/30/12

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS				
CADMIUM, TOTAL (as Cd)	*****	*****	*****	*****	*****	0.00134	0	01	GRAB
01027 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	0.01 DAILY MX		Monthly	GRAB
COPPER, TOTAL (as Cu)	*****	*****	*****	*****	*****	0.00442	0	01	GRAB
01042 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	1 DAILY MX		Monthly	GRAB
LEAD, TOTAL (as Pb)	*****	*****	*****	*****	*****	< 0.0033	0	01	GRAB
01051 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	0.1 DAILY MX		Monthly	GRAB
SILVER, TOTAL (as Ag)	*****	*****	*****	*****	*****	< 0.001	0	01	GRAB
01077 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	0.05 DAILY MX		Monthly	GRAB
URANIUM, NATURAL, TOTAL	*****	*****	*****	*****	*****	< 0.90	0	12	GRAB
22708 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	4 DAILY MX		Once Per Batch	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.014231	0.015331	Mgal/d	*****	*****	*****	0	12	ESTIMA
50050 1 0 EFFLUENT GROSS	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	*****	*****	*****		Once Per Batch	ESTIMA
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	N/A	0	0	GRAB
50060 1 0 EFFLUENT GROSS	*****	*****	*****	*****	*****	2 DAILY MX		Once Per Batch	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	B. Marie Moore, Manager Environmental Protection & Industrial Safety						TELEPHONE		DATE
TYPED OR PRINTED						423 743-9141		7/12/2012	MM/DD/YYYY
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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